

Government Claims Form**Erroneously Convicted Felon Claim Form**

California Victim Compensation and Government Claims Board

P.O. Box 3035

Sacramento, CA 95812-3035

1-800-955-0045

www.governmentclaims.ca.gov**State of California****For Office Use Only****Claim No.:**

Governed by Penal Code section 4900 et seq. and California Code of Regulations, Title 2, Division 2, Chapter 1, Article 5, sections 640 et seq.

Claimant Information

		()	
Claimant's Name		Telephone Number	
Mailing Address	City	State	Zip

Attorney/Representative Information

		()	
Name of Attorney/Representative		Telephone Number	
Mailing Address	City	State	Zip
Signature of Attorney/Representative		Date	

Conviction Information

Felony(ies) for which claimant was convicted			
Title of court in which conviction occurred			
Date of conviction		Length of sentence imposed	
Number of days incarcerated <u>after conviction</u>		State prison(s) in which claimant's sentence was served	
Date of release from imprisonment	Date of discharge (If applicable)	Date of judgment of acquittal (If applicable)	Date of grant of pardon (If applicable)

Crime / Conviction Statement

Facts showing:

- A) That the crime with which claimant was charged was either not committed at all, or, if committed, was not committed by him/her; and
- B) That the claimant neither intentionally nor negligently contributed to his/her arrest and conviction.

(Please use additional paper if necessary.)

Pecuniary Injury Statement

Facts showing the pecuniary injury (financial loss) sustained by claimant through his/her erroneous conviction and imprisonment.

(Please use additional paper if necessary.)

I declare under the penalty of perjury that: I am the Claimant named above; I have read the foregoing claim and know the contents hereof; and I know the contents of the claim to be true except as to those matters herein stated on information and belief and as to those matters I believe them to be true.

Signature

Date